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Bib Data Sheet

CONFIRMATION NO. 7584

<b>SERIAL NUMBER</b> 09/991,594	<b>FILING DATE</b> 11/23/2001 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3643	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Eva De Luca, Bronx, NY; <b>** CONTINUING DATA *****</b> <i>okay CEO</i> <b>** FOREIGN APPLICATIONS *****</b> <i>okay CEO</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/05/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Examined</i> Examiner's Signature <i>Raymond</i> Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 1
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> EVA DE LUCA 3510 Bainbridge Ave. Apt. 2F BRONX, NY 10467-1419				
<b>TITLE</b> Personal denture remover				
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	